

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000004276**

1. Entity Name

**PROVIDENCE BAPTIST CHURCH OF CLAY COUNTY, INC.**

Principal Place of Business

**2599 FOXWOOD ROAD S.  
ORANGE PARK FL 32073**

Mailing Address

**2599 FOXWOOD ROAD S.  
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0207882**

Applied For

**Not Applicable**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, GRADY H JR.  
1279 KINGSLEY AVENUE STE 117  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ABSHIRE, KYLE D	960 PLAINFIELD AVENUE	ORANGE PARK FL 32073	

D	WILLIAMS, GRADY H JR	1279 KINGSLEY AVE #117	ORANGE PARK FL 32073	
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D	REYNOLDS, MARY	226 BRANSCOMB ROAD	GREEN COVE SPRINGS FL 32043	
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D	JAMESON, WILLIAM L	2599 FOXWOOD ROAD SOUTH	ORANGE PARK FL 32073	
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D	POLK, DILLON	3930 MAIN ST	MIDDLEBURG FL	
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				<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**WILLIAM L JAMESON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-28-02 (904) 269-0707**

Device Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)